



**Fond du Lac County Health Department**  
160 S. Macy St, Fond du Lac, WI 54935  
Phone: 920-929-3085 | Fax: 920-929-3102 | www.fdlco.wi.gov



**Public Health**  
Prevent. Promote. Protect.  
**Fond du Lac County**  
**Health Department**

<b>FOR CENTRAL OFFICE USE ONLY</b>	
Conditional: HOLD <input type="checkbox"/>	RELEASE <input type="checkbox"/>
Permit: HOLD <input type="checkbox"/>	RELEASE <input type="checkbox"/>
PERMIT DATE ISSUED:	
CHECK <input type="checkbox"/>	CASH <input type="checkbox"/> CREDIT <input type="checkbox"/>
FEE(S) PAID: AMOUNT _____	
DEPOSITED:	
In Health Space:	

## SPECIAL EVENT CAMPGROUND APPLICATION

ATCP 79.26

ESTABLISHMENT NAME	CONTACT PERSON	ESTABLISHMENT PHONE: (   )   -	
ESTABLISHMENT STREET ADDRESS	CITY	STATE	ZIP
LEGAL LICENSEE (such as name of sole proprietor, partnership, LLC, LLP, or Inc.)		LEGAL LICENSEE PHONE: (   )   -	
LEGAL LICENSEE STREET ADDRESS	CITY	STATE	ZIP
E-MAIL ADDRESS		DATES OF OPERATION	

SPECIAL EVENT CAMPGROUND LICENSE FEES ATCP 79***		NUMBER OF SITES
<input type="checkbox"/> Special Event Campground (1-25 sites)	\$ 244.00	
<input type="checkbox"/> Special Event Campground (26-50 sites)	\$ 298.00	
<input type="checkbox"/> Special Event Campground (51-100 sites)	\$ 398.00	
<input type="checkbox"/> Special Event Campground (101-199 sites)	\$ 468.00	
<input type="checkbox"/> Special Event Campground (200-499 sites)	\$ 528.00	

**Total Amount Enclosed: \$ \_\_\_\_\_**

I consent to entry on the premises by the Fond du Lac County Health Department personnel for purposes of inspection at all reasonable hours.

\*\*\* To obtain a copy of the code that covers your permit search online for the code listed above for which you are applying for. Licenses are NOT transferable. All licenses expire on June 30<sup>th</sup> annually.

Wis. Stat. § 97.67 (1) "No person...who has not been issued a license under this section may conduct, maintain, manage or operate a campground and camping resort, recreational camp and educational camp or public swimming pool, as defined by department rule."

Your signature below will acknowledge that you have received a copy of the code or information as to where to obtain a copy and will comply with all applicable Wisconsin Administrative Code(s). Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat. §15.04 (1)(m).

SIGNATURE - APPLICANT

DATE SIGNED